

# General Information

**Family Care** incorporates both Medicaid and non-Medicaid services to meet the long term care needs of CMO members.

## What is Family Care?

Family Care is a voluntary long term care managed care program. The Department of Health and Family Services (DHFS) contracts with Care Management Organizations (CMOs) that provide or arrange for services in the Family Care benefit package. Each CMO develops a provider network to provide services to Family Care — CMO enrollees who live in their own homes, nursing facilities, or other group living situations. Family Care fosters enrollees' independence and quality of life, while recognizing the need for support to remain independent.

Family Care covers certain Medicaid-covered services as well as services provided by the Wisconsin Medicaid Community Options Program (COP) and the Wisconsin Medicaid home and community-based waiver (HCBW) programs. (For the purposes of this guide, "Medicaid-covered" means services that are covered by Medicaid, but not including services covered by the Medicaid HCBW programs or by COP.)

Currently in a pilot phase, Family Care has been implemented in several counties. (Refer to the map at the end of this chapter for locations of current and proposed Family Care pilots.) Refer to Appendix 4 of this guide for a list of services that are included and not included in the Family Care benefit package.

Designed to improve the quality of life for elderly people and people with physical or developmental disabilities, Family Care offers members:

- A flexible health and long term care benefit package.
- Improved access to services.
- Consumer-centered care.
- Understandable and responsive services and options.

Family Care incorporates both Medicaid and non-Medicaid services to meet the long term care needs of CMO members.

Local Aging and Disability Resource Centers and CMOs are the two primary components of Family Care. During the pilot phase, both CMOs and Resource Centers are operated by county agencies.

## The Role of Aging and Disability Resource Centers

Local Aging and Disability Resource Centers help individuals to "one-stop shop" for long term care information. Resource Center services are not limited to Medicaid-eligible individuals; anyone may receive services from a Resource Center.

The primary functions of the Resource Centers are to:

- Provide prevention and early intervention activities and community outreach services to help people maintain their independence.
- Offer counseling about options for obtaining long term care services.
- Help people apply for government program benefits, including Medicaid.
- Offer Pre-Admission Consultation (PAC) to provide individuals with information and counseling about available long term care options before they make choices regarding their care. As part of the PAC process, nursing homes, community-based residential facilities, adult family homes, residential care apartment complexes, and hospitals are required to refer individuals with long term care needs to Resource Centers.

- Determine functional eligibility for Family Care. (The county economic support unit determines financial eligibility. Refer to the Member Information chapter of this guide for more information on eligibility.)
- Offer assistance to individuals who want to enroll in a CMO.

Refer to Appendix 2 of this guide for a list of the names, addresses, and contact numbers of current Resource Centers.

## The Role of Care Management Organizations

Family Care provides services through CMOs.

The primary functions of the CMOs are to:

- Deliver health and long term care services, either by contracting for services or directly providing them.
- Coordinate services that they are not responsible for providing.
- Ensure and continually improve the quality of services.
- Involve the member (and the member's family or representative) in decision making.

Care management organizations differ from HMOs in the range of services provided. Typically, an HMO provides a comprehensive range of primary and acute health care services covered under the Medicaid State Plan. The CMO provides some, but not all, of

the services covered under the Medicaid State Plan. Most notably, the CMO does not cover physician services or hospital inpatient services. The CMO also provides long term care services not covered by HMOs.

## The Role of County Economic Support Units

After the Resource Center has administered a Long Term Care Functional Screen to determine functional eligibility, the county economic support unit determines over-all eligibility for Family Care. The county economic support unit also calculates the amount of the cost-share.

## The Role of the State

The DHFS oversees the implementation of Family Care pilots and is responsible for ensuring that members receive quality care.

The DHFS' primary role is to:

- Certify CMOs as health care entities.
- Provide oversight to ensure Resource Centers and CMOs meet performance requirements.
- Provide the CMOs with a monthly capitation payment for each member.
- Monitor to ensure the Resource Centers and CMOs meet consumers' needs.
- Help resolve members' and providers' formal complaints, grievances, and appeals regarding Resource Centers or CMOs.

The CMO also provides long term care services not covered by HMOs.

# Family Care Pilots



